

Please indicate your satisfaction with the Relocation Assistance Program by circling the appropriate category or checking the "not applicable" box.

	Excellent	Good	Average	Below Average	Poor	Not Applicable
1. How well did we explain your relocation benefits and answer your questions about the relocation assistance program?	5	4	3	2	1	<input type="checkbox"/>
2. Was the Relocation Agent informed and responsive to your questions?	5	4	3	2	1	<input type="checkbox"/>
3. Was the Relocation Agent courteous and professional?	5	4	3	2	1	<input type="checkbox"/>
4. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input type="checkbox"/>
5. Overall, how would you rate the way your relocation was handled?	5	4	3	2	1	<input type="checkbox"/>

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: _____

Phone Number: () _____

DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

MAR 27 2006

Project Number: *Bath - 10425* Parcel Number: _____

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Lisbon

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